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Protection Mainstreaming, PSEA and Child Safeguarding

Complete manual

A 2-day certified course: integrating protection into every activity, referring a person to appropriate services, applying the IASC six core principles on protection from sexual exploitation and abuse (PSEA) and safeguarding children, with a final assessment and a verifiable certificate.

https://humanitairejobs.org/en/academy/protection-psea/

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Day 1 : Protection in every activity

Objectives

- Explain the four principles of protection mainstreaming.
- Use a referral pathway.
- Apply the guiding principles when violence is disclosed.

What is protection mainstreaming?

Protection mainstreaming (*protection mainstreaming*) means incorporating protection principles into **all** humanitarian activities (water, health, distributions, shelter…), even when the project is not a protection project. It is not the job of specialists alone: it is everyone's responsibility.

The Global Protection Cluster identifies four elements:

1. **Safety, dignity and "do no harm"**: prevent assistance from exposing people to risks (dangerous distribution sites, unlit latrines, beneficiary lists being circulated).
2. **Meaningful access**: assistance reaches everyone, without discrimination, including older persons, persons with disabilities and marginalised people.
3. **Accountability**: provide information, collect feedback and complaints, and respond to them.
4. **Participation and empowerment**: involve people in decisions and strengthen their own capacity to protect themselves.

Practical examples

- Separate latrines for men and women, with an internal lock and lighting.
- Distributions at times that allow people to get home before dark, priority queues for vulnerable people.
- Water points located after consulting women and girls on safe routes.
- Protected personal data: lists not displayed, password-protected files, sharing only when necessary.
- Information in local languages and in accessible formats (spoken, pictures).

Referring: the referral pathway

A **referral pathway** (*referral pathway*) is the up-to-date list of services available in the area (health, psychosocial support, legal aid, safe shelter, child protection), with contacts and eligibility conditions. It is generally maintained by the Protection Cluster or the GBV sub-cluster.

Non-specialist staff do not investigate or provide case management themselves: they **inform** the person about existing services and, **with their consent**, refer them to those services.

Responding to a disclosure: guiding principles and psychological first aid

If a person discloses violence to you (including gender-based violence), apply the **guiding principles**:

- The person's **safety** above all;
- **Confidentiality**: information is shared only with their informed consent, and only what is necessary;
- **Respect** for their choices and dignity;
- **Non-discrimination**.

Psychological first aid (WHO) can be summed up in three verbs: **look** (safety, urgent needs), **listen** (without pressing or judging, without asking about details), **link** (to services and to loved ones who can help).

Avoid: asking for details of what happened, taking photos, promising what you cannot deliver, confronting the perpetrator, talking about it with colleagues who are not involved.

Analysing the protection risks of an activity, step by step

Protection mainstreaming cannot simply be declared: it has to be demonstrated, activity by activity. The method below follows the logic of the Global Protection Cluster (GPC) Protection Mainstreaming Toolkit and the IASC Policy on Protection in Humanitarian Action (2016): for each step of an activity, identify what could expose people to harm or exclude them, then budget for and monitor mitigation measures. It applies equally to a WASH project, a mobile clinic or a cash transfer.

Step 1: break the activity down into concrete steps (half a day, as a team)

Do not reason about "the distribution" as a whole but about its actual steps: community information, registration, verification, notification, the journey to the site, waiting, handover, the journey home, use of the items or cash, and post-distribution monitoring. Each step carries its own risks. The exercise brings together the project manager, a member of the field team, the accountability officer, a logistician and, ideally, a protection or GBV specialist. A team that does this exercise without anyone from the field produces a theoretical analysis.

Step 2: consult affected people before deciding

- Focus group discussions separated by sex and age (women, men, adolescent girls, adolescent boys, older people, persons with disabilities), 6 to 10 participants each, facilitated by someone of the same sex as the group.
- Questions about **places and times perceived as dangerous**, never about individual incidents: "Where do women avoid going alone?", "At what time of day are journeys difficult?".
- A safety walk (*safety walk*) with a small group of women along the routes to the activity site, during the day and at the end of the day.
- A physical accessibility check with persons with reduced mobility: distances, slopes, steps, latrines, time spent standing in line.

Step 3: complete the risk matrix

For each step, record the risk, the most exposed groups, the likelihood and severity (scale of 1 to 3), then the mitigation measure, its cost and the person responsible. A severity-3 risk (harm to physical integrity, sexual exploitation, exclusion of an entire group) requires a measure before the activity starts, whatever its likelihood.

Protection mainstreaming element	Verification question	Benchmark or requirement
Safety, dignity and "do no harm"	Do the site, the timing or the route expose people to assault, theft or tensions?	Sphere 2018: water point less than 500 m from dwellings, queuing time under 30 minutes; latrines less than 50 m from shelters, a maximum of 20 people per latrine, sex-segregated, with an internal lock and lighting
Meaningful access	Who is not coming, and why? Are persons with disabilities, older people, female heads of household and minorities registered in proportion to their presence?	Reference disability prevalence: about 16% of the population (WHO, 2022); Washington Group Short Set of Questions to measure it
Accountability	Do people know what they are entitled to, that assistance is free and how to complain?	Core Humanitarian Standard (CHS 2024), Commitment 1 (information and participation) and Commitment 5 (complaints); acknowledgement of a complaint within 7 days at most under most internal procedures
Participation and empowerment	Did people influence the choice of site, timing and modality?	At least one separate consultation with women and with persons with disabilities before each key decision

Step 4: budget and assign

A measure without a budget line remains an intention. Typical budget lines: solar lighting for latrines and water points, interpreters and accessible materials, transport for persons with reduced mobility, waiting shelters with drinking water, enough female staff at registration points, a toll-free hotline, training for daily workers. In practice these measures often represent 2 to 5% of the activity budget; donors accept them all the more readily when they are linked to the risk analysis attached to the proposal.

Step 5: monitor and revise

The matrix is reviewed at every change of context (new site, displacement, insecurity) and at least every three months. Post-distribution monitoring includes questions on perceived safety ("Did you feel safe on the way and at the site?") and on awareness of complaint mechanisms, disaggregated by sex, age and disability.

> A protection risk analysis has succeeded when it has changed at least one project decision (site, timing, modality, team composition). If nothing has changed, either the project was perfect or the analysis was not taken seriously.

Measuring protection mainstreaming: indicators and safety audits

Donors and evaluators increasingly ask for evidence that protection is mainstreamed, not just a statement in the proposal. ECHO, for example, applies a Gender-Age Marker to its projects and expects a protection risk analysis; the FCDO and UN agencies check that complaint mechanisms and safeguarding measures are in place. You therefore need simple, measurable and disaggregated indicators.

Recommended indicators

Element	Indicator	Means of verification	Indicative target
Safety and dignity	% of respondents who report having felt safe on the way to and at the activity site, by sex, age and disability	Post-distribution monitoring, satisfaction survey	90% or more, with no gap of more than 10 points between groups
Safety and dignity	% of WASH facilities that comply (sex segregation, internal lock, lighting)	Safety audit, checklist	100%
Meaningful access	Proportion of persons with disabilities among people assisted compared with estimated prevalence	Registration database with Washington Group questions	Gap of less than 5 points
Accountability	% of people who know at least one channel to complain and who know that assistance is free	Post-distribution monitoring	80% or more
Accountability	% of complaints closed within the set timeframe, with feedback to the complainant	Complaints register	80% or more
Participation	% of community committees with at least 40% women	Committee membership lists	100% of committees

Conducting a site safety audit

The safety audit is a tool from the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015). It is a structured observation, not an investigation into violence. Procedure:

1. **Preparation**: form a mixed team of two to four people, including at least one woman; inform site authorities and community leaders of the purpose of the visit.

2. **Observation during the day and at the end of the day**: lighting, condition of latrines and showers, locks, distance between shelters and facilities, isolated areas, presence of armed groups or idle men near water points, use of spaces by women and children.
3. **Informal conversations** with women, adolescent girls and older people about their perception of safety, without asking about incidents.
4. **Feedback** within 72 hours to the relevant sectors (WASH, shelter, site management), with a table of findings, responsible parties and deadlines.
5. **Follow-up**: a new audit after three months or after any major change to the site.

Reusable checklist

Item checked	Yes / No	Observation and action
Latrines and showers segregated by sex, marked with pictograms		
Working internal lock on every cubicle		
Working night-time lighting at facilities and along main routes		
At least one cubicle per block accessible to persons with reduced mobility		
Water points less than 500 m away, queuing time under 30 minutes		
Notices in local languages: assistance is free, complaints number, prohibition of sexual exploitation		
Female staff present at registration and distribution points		
Beneficiary lists not posted publicly, stored under lock or password-protected		
Shaded waiting area, drinking water, priority for vulnerable people		

> A protection mainstreaming indicator is only meaningful when disaggregated. An overall rate of 92% of people "feeling safe" can hide a rate of 60% among women who walk home alone after the distribution.

Building and maintaining a referral pathway

In most areas, the referral pathway exists on paper but is out of date: numbers that no longer answer, closed services, unknown eligibility criteria. Referring someone to a service that does not exist causes real harm: the person travels, exposes themselves to risk and loses trust. The pathway must therefore be verified, tested and maintained.

Who does what

- The **Protection Cluster** and its Areas of Responsibility (GBV, child protection, housing, land and property, mine action) maintain the service mapping, often by geographic area and

updated every three months.

- **Service providers** share their opening hours, criteria, capacity and contact points, and report any interruption.
- Each **non-specialised organisation** designates a focal point who disseminates the pathway to its teams, checks the contacts and trains staff in safe referral.

Minimum content of a service sheet

Field	Example
Type of service	Clinical management of rape, psychosocial support, legal aid, safe shelter, child protection case management, cash assistance for protection outcomes
Provider and location	Referral health centre, women and girls' safe space, mobile legal clinic
Days and hours	Monday to Saturday, 8 am - 4 pm; medical emergencies 24 hours a day
Criteria	Open to all; accompanied or unaccompanied children; free of charge
Languages available	National language, two local languages
Referral contact	Number of a named focal point, plus a back-up number
Date last verified	Essential: a sheet more than three months old must be re-verified

Safe referral: the sequence

1. **Inform** the person about available services, what they actually offer, their cost (free of charge), their location and what will happen if they go there.
2. **Obtain informed consent**: the person chooses the service or services, and what may be shared. A refusal is respected and does not prevent you from giving them the information for later.
3. **Choose the modality**: information only (they go when they wish), accompanied referral, or a call to the provider in their presence. For medical emergencies, accompaniment is preferred.
4. **Share the minimum**: for an inter-agency referral, use the cluster's common referral form, filled in with only what is necessary, handed over in person or sent through an encrypted channel, never via a group messaging app.
5. **Follow up** within the limits of your role: check with the provider that the person was received, without asking for details about the care provided.

When there is no GBV actor in the area

In 2018 the GBV AoR published a pocket guide, *How to support survivors of gender-based violence when a GBV actor is not available in your area*. It provides a script for non-specialised staff: welcome, listen, give accurate information on existing services (even distant ones), respect choices, promise nothing. The absence of a service never justifies providing care

oneself that one is not trained to provide. It must, however, be reported to the cluster as a critical gap.

Testing the pathway

A simple practice increasingly expected by coordination bodies: every three months, the focal point calls every number on the list, checks opening hours and availability, and updates the sheet. A well-prepared "mystery client" (for example a colleague who calls the line presenting themselves as seeking information) makes it possible to check how callers are actually received, without ever simulating a disclosure of violence to a specialised service.

> Non-specialised staff have three obligations: know the up-to-date pathway, give accurate information, respect consent. They are not to investigate, document the facts or decide on the person's behalf.

Receiving a disclosure: detailed conduct, children and reporting obligations

The core course set out the guiding principles (safety, confidentiality, respect, non-discrimination) and the WHO psychological first aid sequence: look, listen, link. This section details what to do minute by minute, then the situations that complicate the response: children, disclosures involving a colleague, and mandatory reporting obligations.

The first ten minutes

Moment	What you do	What you say (examples)	What you avoid
The first seconds	Check that no one can overhear; offer to move to a place that is visible but discreet; check whether there is any urgent danger or injury	"Would you like us to move a little further away so we can talk quietly?"	Calling other colleagues over, calling a manager out loud
Listening	Let the person say what they want to say, at their own pace; reflect back their feelings and needs, not the facts	"Thank you for telling me. It is not your fault."	Asking about details (who, how many times, how), expressing disbelief, taking detailed notes
Immediate needs	Ask what she needs right now: medical care, safety for the night, someone to talk to	"What would you need today to feel safer?"	Deciding for her what is best
Information	Present the available services, including emergency medical care if the assault is recent	"If this happened less than three days ago, a health centre can give you treatment that protects against HIV."	Promising an outcome ("they will arrest him"), guaranteeing absolute confidentiality that you cannot keep
Consent	Ask her what she wishes to do and what she agrees for you to share	"Would you like me to go with you, or would you prefer to go on your own?"	Sharing without consent (except for the exceptions below)
Closing	Check that she knows how to reach the services; tell her how to contact you again if she changes her mind	"You can come back to me or call this number at any time."	Letting the person leave without any usable information

Medical timeframes to know

Non-medical staff must know three benchmarks from the WHO, UNHCR and UNFPA protocol on Clinical Management of Rape and Intimate Partner Violence Survivors (2020): **HIV post-exposure prophylaxis** must start within **72 hours**; **emergency contraception** is effective up to **120 hours** (5 days); presumptive treatment of sexually transmitted infections and hepatitis B vaccination can be offered beyond that. These timeframes justify informing quickly, but never coercing.

When the person is a child

- The guiding principle becomes the **best interests of the child**: confidentiality remains the rule, but a referral to a child protection service may be necessary even without the child's agreement if the child is in danger.

- Adapt your language to the child's age: short sentences, reassure the child that they were right to speak, do not promise to keep it secret ("I will need to talk to someone whose job is to help children, so that you are safe").
- Do not question the child: the interview is the role of a trained case worker, following the IRC and UNICEF guidance *Caring for Child Survivors of Sexual Abuse* (2012).
- Do not assume that the family is protective: the perpetrator may be a relative. Whether to inform the parents is decided with the case worker.

Legal obligations and the limits of confidentiality

Some national laws impose mandatory reporting of certain forms of violence, particularly against children. Staff must know the applicable rule and their organisation's position, established with the GBV sub-cluster and the Child Protection Area of Responsibility. Recommended conduct: inform the person of the limits of confidentiality before they say too much; consult the organisation's focal point or legal adviser; weigh the real risk to the survivor of a report to the authorities (reprisals, criminalisation, forced marriage to the perpetrator in some contexts).

When the alleged perpetrator is an aid worker

The situation then falls within the scope of PSEA, covered on day 2: the person who receives the information is obliged to report it through internal channels, while continuing to apply the survivor-centred approach (assistance first, consent for services). Internal reporting of the allegation does not depend on the survivor's consent, but her identity is shared only on a strict need-to-know basis.

> A good response to a disclosure can be recognised by the fact that the person leaves knowing where to go, having made her own choices, and without having had to tell her story more than once.

Full example: mainstreaming protection in a distribution in Kalimbo

This fictional case follows an international NGO, Hora Relief, and its national partner, Association Solima, as they prepare a distribution of food and hygiene kits at the Kalimbo displacement site, in the fictional province of Tessaro. It covers the analysis, decisions, costs, monitoring and two referral situations.

Context

- Site population: 12,400 people (2,310 households), of whom 54% are women and girls and 57% are under 18; 31% of households are female-headed.
- Planned distribution: monthly rations for 2,310 households, hygiene kits for 1,850 women and girls aged 12 to 49.
- Initial plan: a single distribution point 2.8 km north of the site, at the town hall warehouse, from 10 am to 5 pm, over two days.
- Services present: health centre (clinical management of rape, 24 hours a day), women and girls' safe space run by a national NGO, child protection case management (UNICEF and a

partner), no legal aid.

Consultations conducted (5 days)

Eight focus group discussions (women, men, adolescent girls, adolescent boys, older people, persons with disabilities, two mixed groups of leaders), a safety walk during the day and at the end of the day, and a safety audit of the warehouse. Main findings: the road to the warehouse runs alongside a military camp and a wooded area; women do not use it alone after 4 pm; 140 people cannot carry 25 kg over 2.8 km; women report that "middlemen" are offering to "facilitate" registration in exchange for money.

Risk matrix (extract)

Step	Risk	Group exposed	L x S	Measure adopted	Cost	Responsible
Registration	Demands for money or favours by middlemen to be put on the list	Single women, households without social networks	3 x 3	Door-to-door registration by mixed pairs of staff; "assistance is free" messaging; toll-free complaints line; random verification of 10% of lists	USD 1,900 (line and messaging)	Accountability officer
Journey	Assaults on the wooded road at the end of the day	Women, adolescent girls	2 x 3	Second distribution point inside the site; handovers end at 2:30 pm	USD 3,200 (tents, handling)	Logistician
Waiting	Standing in line for several hours, heat	Older people, pregnant women, persons with disabilities	3 x 2	Time slots by block; priority queue; shaded shelter and water	USD 800	Site manager
Return	Inability to carry the ration, theft	140 people identified	3 x 2	Home delivery by the Solima team; wheelbarrows lent	USD 1,400	Partner
Hygiene kits	Embarrassment, intimate items handed over in public	Women and girls	2 x 2	Handover by female staff in a separate space, opaque packaging	USD 300	Project officer

Total cost of the measures: USD 7,600, or 3.1% of an activity budget of USD 245,000. The donor accepted the reallocation on the basis of the matrix attached to the request.

Post-distribution monitoring results (sample of 230 households)

Indicator	Women	Men	Persons with disabilities
Felt safe on the way and at the site	91%	95%	84%
Know that assistance is free	88%	90%	79%
Know at least one complaints channel	72%	81%	63%

Interpretation: the targets are almost met for safety, but the gap in awareness of complaints channels (72% versus 81%, and 63% among persons with disabilities) leads the team to add information sessions in the women and girls' safe space and home visits for people unable to travel.

Two referral situations during the distribution

- **Situation 1**: a woman tells a female distribution worker that she was assaulted the previous day on the road to the warehouse. The worker takes her aside, listens, informs her of the 72-hour window for prophylaxis and of the health centre, and offers to accompany her. The woman accepts. The only record made is an anonymous line in the referral register (date, type of service, accompanied: yes). The risk matrix is updated: the information "assault on the road" is passed on anonymously to the cluster.
- **Situation 2**: three complaints on the toll-free line name the same "middleman", who is asking for 5,000 currency units for registration. He is not an employee but a member of the site committee. The accountability officer refers the matter to the programme manager and to the PSEA focal point, because the same person is also accused of having asked a woman for a "service": that aspect falls under the PSEA procedure and the inter-agency PSEA network.

> The reasoning to remember: each measure is linked to a risk identified by the people concerned, costed, assigned, then verified through disaggregated data which in turn trigger an adjustment.

Common mistakes, donor expectations and contextual variations

Common mistakes and correct practice

Mistake	Consequence	Correct practice
Copying a generic paragraph on protection into every proposal	No real measures, loss of credibility with donors	Attach an activity-specific risk matrix, with costs
Consulting only community leaders	Risks experienced by women, young people and minorities remain invisible	Groups separated by sex, age and disability, facilitated by staff of the same sex
Asking "Have you experienced violence?" during a multi-sector needs assessment	Retraumatisation, risks for respondents, unusable data, no services available	Questions about places and times perceived as dangerous; aggregated service data from GBV actors
Referral pathway distributed once and never verified	Referrals to closed services	Quarterly verification of contacts, update date on every sheet
Writing down the detailed account of a disclosure "so as not to forget anything"	Highly sensitive data outside any secure system	Record only the referral, in anonymised form
Hiring only men for distribution posts "for the heavy lifting"	Women dare neither complain nor report	At least one female pair at every point of contact
Posting beneficiary lists "for transparency"	Exposure of vulnerable households, targeting by armed groups	Individual verification by code or SMS; transparency on criteria, not on names

What donors, evaluators and auditors check

- The existence of a project-specific protection risk analysis and its updates, not just a mention in the logical framework.
- Indicators disaggregated by sex, age and disability, and evidence that they were used to adjust the intervention.
- A functioning complaints and feedback mechanism, with a register, timeframes and feedback to complainants (CHS 2024, Commitments 1 and 5).
- A referral pathway known to staff: evaluators often put the question directly to a field worker.
- Training of staff and daily workers, including partners' staff, on protection principles and the code of conduct.
- For ECHO, consistency with the DG ECHO Humanitarian Protection Policy and the Gender-Age Marker; for UN agencies, consistency with the Humanitarian Country Team protection strategy.

Variations by context

Context	What changes	Adaptations
Sudden-onset emergency (first weeks)	No time for full consultations; services poorly mapped	One-hour rapid checklist; minimum consultation of two groups of women; provisional referral pathway built with the cluster within 72 hours; GBV AoR pocket guide distributed to all staff
Protracted crisis	Risk of routine, community fatigue, normalisation of abusive practices	Quarterly review of the matrix; rotation of committee members; trend analysis of complaints
Camp or site	Concentration of people, presence of committees, night-time risks	Regular safety audits with site management; lighting; gender-balanced committees
Urban setting	Dispersed, less visible populations, often without documents	Information through community networks and mobile phones; cash transfers with attention to risks of control and dispossession; mapping of public services
Remote management	Less international presence, reduced oversight	Complaints lines managed outside the area; third-party monitoring visits; reinforced partner training; verification through random calls
Acute insecurity	Risks of targeting linked to the aid itself	Short distributions not publicly announced in advance; minimal data; assessment of visibility-related risk
Local partners with limited capacity	No written procedures, staff with little training	Support rather than control: procedure templates, dedicated budget, paired training, quarterly joint review

> The most costly mistake is not the absence of a measure, but a measure that creates a new risk: a posted list, a committee that controls access to aid, a complaints line managed by the very person who is the subject of the complaints.

Interview questions and key references

Interview questions

Question	Elements of a strong answer
How would you mainstream protection in a WASH project you are taking over mid-implementation?	Safety audit of facilities (segregation, locks, lighting, Sphere distances); consultations separated by sex and age; risk matrix; budgeted measures; disaggregated indicators; complaints mechanism; training of teams and daily workers; link with the cluster and the referral pathway.
What are the four elements of protection mainstreaming? Give a concrete example for each.	Safety, dignity and "do no harm"; meaningful access; accountability; participation and empowerment. Examples must be operational (distribution timing, registration of persons with disabilities, complaints line, gender-balanced committee) rather than generic.
A distribution worker receives a disclosure of a rape that happened the day before. What should they do?	Safety and discretion; listening without asking about details; information on the 72-hour window and on services; consent; accompaniment if wished; no detailed notes; inform their focal point according to procedure, without identifying the person if she does not wish it; pass on the location-related risk anonymously.
There is no GBV service in your area. What do you do?	Do not improvise case management; use the GBV AoR pocket guide; give information on the nearest services, even distant ones, and on access to health care; report the gap to the cluster; advocate for a presence or mobile coverage; consider transport support.
How would you prove to a donor that your project genuinely mainstreams protection?	Risk matrix and dated revisions; decisions changed as a result of consultations; budget for the measures; disaggregated indicators and corrective actions; complaints register and timeframes; trained staff; up-to-date referral pathway that is actually used.
What limits to confidentiality would you explain to someone who wants to confide in you?	Any legal obligation to report, particularly for children; internal obligation to report an allegation against an aid worker; imminent danger to life; in all cases, sharing limited to what is strictly necessary and prior information of the person.

Key references

- Sphere Association, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2018 edition, in particular the Protection Principles and the WASH standards.
- CHS Alliance, Groupe URD and Sphere, *Core Humanitarian Standard on Quality and Accountability (CHS)*, revised 2024 version.
- Inter-Agency Standing Committee (IASC), *Policy on Protection in Humanitarian Action* (2016) and *Statement of the IASC Principals on the Centrality of Protection in Humanitarian Action* (2013).
- Global Protection Cluster, *Protection Mainstreaming Toolkit* (2017).
- IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015).

- GBV AoR, *Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area* (2018).
- GBV AoR, *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019).
- WHO, War Trauma Foundation and World Vision International, *Psychological First Aid: Guide for Field Workers* (2011).
- WHO, UNHCR and UNFPA, *Clinical Management of Rape and Intimate Partner Violence Survivors* (2020).
- IRC and UNICEF, *Caring for Child Survivors of Sexual Abuse* (2012).
- IASC, *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action* (2019); Washington Group on Disability Statistics, Short Set of Questions.
- ICRC, *Professional Standards for Protection Work* (2018 edition).

Exercise: analysing an activity

Choose an activity of your organisation (distribution, mobile clinic, water point…). For each of the four principles, note one possible risk and one simple measure to reduce it. Then find out where to obtain the referral pathway for your area.

Key takeaways

- Protection mainstreaming concerns every activity and every staff member.
- Four principles: safety and dignity, meaningful access, accountability, participation.
- We refer with the person's consent; we do not investigate.
- Psychological first aid: look, listen, link.

Quiz

1. Protection mainstreaming is the responsibility of:
   A. The donor only
   B. Protection specialists alone
   C. All staff, in all activities
   D. The authorities only

2. A woman tells you she has been assaulted. What do you do?
   A. Go and talk to the perpetrator
   B. Ask her for all the details
   C. Listen to her, respect her choices and inform her about services, with her consent
   D. Alert the whole team

3. Publicly displaying the list of beneficiaries' names goes against the principle of:
   A. Participation
   B. Efficiency
   C. Visibility
   D. Safety, dignity and "do no harm"

Quiz answers : 1. B · 2. B · 3. B

Day 2 : PSEA and child safeguarding

Objectives

- Know the IASC six core principles.
- Know how to report a suspicion of sexual exploitation or abuse.
- Apply child safeguarding rules.

Sexual exploitation and abuse: what are we talking about?

Sexual exploitation is any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes (for example demanding sex in exchange for a ration or a job). **Sexual abuse** is the actual or threatened physical intrusion of a sexual nature, whether by force or under coercive conditions.

When the perpetrator is a humanitarian worker, it is a serious betrayal of the people we are meant to help. Organisations apply **zero tolerance** to such acts and have a duty to act when they are reported.

The IASC six core principles

1. Sexual exploitation and abuse constitute acts of gross misconduct and are grounds for termination of employment.
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the local age of majority or age of consent; mistaken belief regarding the age of a child is not a defence.
3. Exchange of money, employment, goods or services (including assistance that is due) for sexual favours is prohibited.
4. Sexual relationships between humanitarian staff and beneficiaries are strongly discouraged, since they are based on inherently unequal power dynamics.
5. Any staff member who has suspicions or concerns must **report** them through the established mechanisms.
6. Humanitarian staff are obliged to create and maintain an environment that prevents sexual exploitation and abuse; managers must support and develop systems that maintain this environment.

Reporting and assisting

- Report through your organisation's official channels (PSEA focal point, dedicated hotline, confidential e-mail address) or through the inter-agency mechanism in the area. You do not need evidence: a suspicion held in good faith is enough.
- Do not investigate yourself, and do not confront the suspected person.
- Keep the information confidential; anyone who reports in good faith is protected against retaliation.

- The approach is **victim-centred**: the victim's safety, choices and access to assistance (health, psychosocial, legal) come first, even if the investigation has not yet concluded.
- Communities must know that assistance is free and how to complain: posters, meetings, phone numbers.

Child safeguarding

Safeguarding (*safeguarding*) is the set of measures an organisation takes to ensure that its staff, programmes and partners do not cause harm to children (and vulnerable adults). Common rules in a code of conduct:

- Never be alone with a child out of sight of others; apply the two-adult rule whenever possible.
- No inappropriate physical contact, no humiliating language or punishment.
- No photos of children without parental consent, and no images that make it possible to identify or locate them in a sensitive context.
- No private contact (social media, phone) with child beneficiaries.
- Safer recruitment: reference checks, safeguarding questions at interview, signing of the code of conduct.

The PSEA normative framework in detail: texts, obligations and donor requirements

The IASC Six Core Principles are the common foundation, but a professional must know the full set of texts that derive from them, because these are what donors, auditors and PSEA coordination bodies use to assess an organisation. The texts complement one another: some set individual rules of conduct, others institutional obligations.

Reference texts

Text	Origin and date	What it requires
Secretary-General's Bulletin ST/SGB/2003/13, *Special measures for protection from sexual exploitation and sexual abuse*	United Nations, 2003	Reference definitions of sexual exploitation and abuse; standards of conduct for UN personnel; obligation for contractual partners to comply
Six Core Principles Relating to Sexual Exploitation and Abuse	IASC, 2002, revised in 2019	Rules of conduct applicable to staff of IASC member organisations; the 2019 revision strengthened Principle 4 (relationships with beneficiaries strongly discouraged)
Minimum Operating Standards on PSEA (MOS-PSEA)	IASC, 2012	Institutional obligations: policy, focal point, training, complaint mechanisms, investigation, assistance, inter-agency cooperation
United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners	United Nations, 2018	Agencies assess their partners' PSEA capacity, require allegations to be reported and may suspend funding
UN Implementing Partner PSEA Capacity Assessment (common tool)	United Nations (UNICEF, UNHCR, WFP, UNFPA and others), 2020	Eight core standards assessed and rated, with a capacity-strengthening plan; an assessment recognised by one agency can be used by the others
United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse	United Nations, 2019	Assistance to victims independent of the outcome of the investigation and of the victim's cooperation
OECD DAC Recommendation on Ending Sexual Exploitation, Abuse and Harassment (SEAH)	OECD, 2019	Commitments by DAC member donors: requirements for partners, victim/survivor-centred approach, information sharing
Core Humanitarian Standard (CHS)	CHS Alliance, Groupe URD, Sphere, revised in 2024	Aid that does no harm, including prevention of sexual exploitation, abuse and harassment (Commitment 4); safe reporting and complaints mechanisms (Commitment 5); respectful, competent and well-managed staff (Commitment 8)
Keeping Children Safe Child Safeguarding Standards	Keeping Children Safe coalition, 2014	Four standards: policy, people, procedures, accountability

Precise definitions to master

- **Sexual exploitation**: any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting

monetarily, socially or politically from the sexual exploitation of another (ST/SGB/2003/13).

- **Sexual abuse**: the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
- **Sexual harassment**: unwelcome conduct of a sexual nature, usually between colleagues; it falls under internal human resources policies. The term PSEAH is used when arrangements cover all three concepts, which is now the expectation of many donors (FCDO, OECD DAC donors).

What donors require in practice

Donor	Typical requirements
UN agencies	PSEA capacity assessment of the partner before or at the start of the agreement; PSEA clause in the agreement; immediate reporting of allegations; corrective measures; possibility of termination
DG ECHO	PSEA and safeguarding policies and procedures verified during the humanitarian partner assessment; obligation to inform the Commission of cases of abuse; requirements passed on to implementing partners
FCDO (United Kingdom)	Enhanced safeguarding due diligence (policy, governance, safer recruitment, reporting, training); notification of incidents within short deadlines set by the agreement; membership of the Misconduct Disclosure Scheme expected
US donors	Standard clause on preventing sexual exploitation and abuse; code of conduct consistent with the IASC Six Core Principles; reporting of credible allegations to the contracting officer and the Office of Inspector General within the deadline set by the agreement

> Notification deadlines vary between donors and agreements (often between 24 hours and a few working days). The professional rule: note the deadline in each contract at signature and write it into the internal procedure, rather than discovering it the day an allegation comes in.

Analysing the sexual exploitation and abuse risks of a programme

The risk of sexual exploitation and abuse arises from a combination of three factors: **power** to decide on access to aid or employment, **contact** with people in situations of vulnerability, and **weak oversight**. The analysis consists of identifying, activity by activity, where these three factors combine. PSEA coordination bodies carry out a collective analysis (inter-agency SEA risk overview), but each organisation must also analyse its own programmes.

A five-step method

1. **Map the points of contact**: registration, targeting, distributions, cash transfers, recruitment of daily workers, cash-for-work, children's activities, clinics, accommodation, transport, site management.

2. **Identify those who hold power** at each point: staff, daily workers, committee members, site managers, drivers, guards, subcontractors, cash transfer agents, security forces.
3. **Identify aggravating factors**: scarcity of aid, opaque selection criteria, all-male staff, night-time or isolated activities, very low pay for daily workers, movements of unaccompanied children, limited access to phones for women.
4. **Rate the risk** by likelihood and severity, as in any risk analysis.
5. **Define the measures** and check that they are budgeted, assigned and monitored.

Model matrix by activity

Activity	Risk mechanism	Prevention measures
Registration and targeting	A staff member or committee member can add or remove a name	Published criteria; registration by mixed pairs; random verification of at least 10% of households; segregation of duties between registration and validation; toll-free complaints line
In-kind distribution	Queue and handover controlled by untrained daily workers	Code of conduct signed and explained orally to every daily worker; female staff; notices stating that aid is free; supervision by permanent staff
Cash transfers	Payment agents or traders demanding something in return; control of the phone or card	PSEA clause in the service provider's contract; training of agents; information to beneficiaries; post-distribution monitoring with questions on demands for anything in return
Cash-for-work	Supervisors who decide on hiring and working days	Public lottery among eligible people; verified lists; quotas for women supervised by women
Children's activities	Adults in direct and prolonged contact with children	Safer recruitment; two-adult rule; visible spaces; child-friendly reporting mechanism
Transport and accommodation	Drivers, guards and landlords with moments alone with beneficiaries	Prohibition on transporting beneficiaries outside authorised missions; vehicle logbook; presence of a second staff member

Consulting communities on risks and on channels

Community consultations address two questions: where and how people might be led to "pay" for aid in one way or another, and which reporting channels they would use with confidence. Answers vary widely: on one site, women prefer to speak to a trusted woman at the safe space; elsewhere, adolescents prefer a toll-free number; older people prefer face-to-face contact. Participants are never asked whether they themselves have been victims.

> The highest risk is rarely where the international staff are. It is concentrated among the intermediaries who control day-to-day access to aid: daily workers, committee members, service providers' agents, guards and drivers.

Designing a safe and accessible reporting mechanism

A reporting mechanism is judged by a single criterion: do people use it to report serious matters? A mechanism that only receives complaints about the quality of rations does not prove the absence of abuse; it often proves that people do not trust the channel for sensitive issues. The IASC Best Practice Guide on Inter-Agency Community-Based Complaint Mechanisms (2016) and CHS Commitment 5 provide the framework.

Essential features

- **Multiple channels**: at least one face-to-face channel (a trained woman and man), a toll-free phone channel, a written channel (a locked box opened by two people), and a child-friendly channel.
- **Independence**: complaints must never be received or sorted by the people who directly manage the activity concerned. A complaints box emptied by the distribution manager is a compromised mechanism.
- **Separate sensitive channel**: allegations of sexual exploitation and abuse are isolated as soon as they are received and passed to the PSEA focal point, outside the ordinary flow of programme complaints.
- **Accessibility**: local languages, oral and illustrated materials, access for persons with disabilities (home visits, staff trained in the local sign language where possible).
- **Information**: the community knows the channels, knows that aid is free, that staff have no right to ask for anything in return and that reporting is confidential.

Processing flow and timeframes

Step	Who	Target timeframe	Points of attention
Receipt and identification as sensitive	Any mechanism staff member	Immediate	Do not ask for details; record the minimum
Referral to the PSEA focal point	Mechanism staff member	Within 24 hours	Secure channel, never via group messaging or copied to the operational line management
Referral of the victim to assistance (with consent)	Focal point with GBV or child protection actors	Within 24 hours, immediately in case of medical emergency	Assistance depends neither on the investigation nor on willingness to file a complaint
Referral to designated senior management and to the investigation unit	PSEA focal point	According to procedure, generally within 24 to 48 hours	Information limited to those who need to know
Notification to the donor and, where applicable, to the partner UN agency	Designated senior management	Deadline set in the agreement	Anonymised information on the victim
Feedback to the complainant	Focal point	Prompt acknowledgement of receipt; information on the outcome as far as possible	Respect the confidentiality owed to all parties

Minimum intake form

It contains only what is needed to ensure safety, assistance and referral: date and channel of receipt; general nature of the allegation (exploitation, abuse, harassment); organisation and function of the alleged perpetrator if known; need for immediate assistance (yes or no) and referral offered; the victim's consent to be contacted and by what means; name of the staff member receiving it. It does not contain a detailed account of the facts, which is a matter for the investigation.

Making the mechanism accessible to children

- Trusted persons identified and trained in child-friendly spaces and supported schools.
- Age-appropriate messages, tested with children: what is not acceptable from an adult, whom to tell.
- Consultations with children conducted by trained staff, with parental consent and the children's assent, on the channels they would use.
- A clear procedure for staff who receive a report from a child: immediate referral to a child protection case worker.

> An increase in reports after a mechanism is launched is often a sign of trust, not a deterioration of the situation. PSEA coordination bodies are more concerned about an organisation that has been present for years and reports no allegations.

Child safeguarding in practice: safer recruitment, activities, images and digital

The Keeping Children Safe standards are organised into four blocks: a **policy** approved by the governing body, **people** recruited and trained safely, **procedures** for prevention and response, and **accountability** that makes it possible to check that all of this works. The Minimum Standards for Child Protection in Humanitarian Action (CPMS, Alliance for Child Protection in Humanitarian Action, 2019) also include a specific standard on safeguarding in programmes.

Safer recruitment, step by step

Step	Expected practice	Mistake to avoid
Job description	Statement of the organisation's commitment to safeguarding and PSEA; level of contact with children specified	Job description silent on safeguarding
Advertisement	Statement that successful candidates will be subject to reference checks, including on conduct issues	An advertisement that gives no warning: less of a deterrent
Application	Explanation of career gaps; authorisation to contact previous employers	CV alone, without a declaration
Interview	At least one behavioural question on safeguarding ("Describe a situation in which you had to set a boundary with a beneficiary") and one question on values	A purely technical interview
References	At least two references, including the most recent employer, obtained directly from HR departments; explicit question on any disciplinary proceedings related to sexual exploitation, abuse or harassment	References supplied by the candidate, personal contacts, unverified letters
Misconduct Disclosure Scheme	For organisations that are members of the scheme launched by the SCHR in 2019, a systematic request to previous employers covering roughly the last seven years, in line with the scheme's rules	Hiring before the reply is received
Criminal record check	Where local law allows it and the system is reliable, as a complement	Relying on it alone: in many countries it is unreliable
Taking up the post	Signature of the code of conduct after an oral explanation; PSEA and safeguarding training within the first month; probation period	Signing a document that has not been read, in a language the person does not master

UN agencies also use the ClearCheck database, which lists individuals who left the UN system following substantiated allegations of sexual exploitation, abuse or harassment, to prevent their re-hiring.

Designing safe activities for children

- A safeguarding risk analysis for every activity involving children (child-friendly spaces, school distributions, sports activities, transport, accommodation).
- At least two trained adults present, including a woman where possible; activities in visible places; no closed rooms.
- Staff-to-child ratios adapted to age and context; child-friendly space guidelines recommend limited group sizes, in the order of 15 to 20 children per facilitator depending on age, with a tighter ratio for the youngest.

- Attendance register and a procedure for handing the child over to a known adult at the end of the activity.
- No child transported by a single adult; no child accommodated in a staff member's home.

Images, stories and data

Rule	Application
Informed consent	Consent of the parent or guardian and assent of the child, after explaining the intended use; right to refuse with no consequence for assistance
Non-identification	No full name and no precise location (site, school, village) for a child; never an image of a child identified as a survivor, a child formerly associated with an armed group or a separated child
Dignity	No images of children unclothed, in distress, or portrayed as passive victims
Storage	Images on the organisation's server, not on personal phones; deletion of unused files
Service providers	Photographers, journalists and visitors sign the code of conduct and are accompanied

Digital safeguarding

Digital risks are now at the heart of safeguarding: private messaging contacts between staff and children or beneficiaries, project messaging groups where phone numbers and photos circulate, cash transfer apps that reveal identity, online harassment. Minimum rules: no private communication between staff and child beneficiaries; project groups administered by the organisation; work phone numbers for staff in contact with communities; a procedure for reporting abusive content.

> Safeguarding is not limited to children: most current policies also cover adults at risk. It applies to staff, volunteers, consultants, visitors, service providers and partners.

Full example: rolling out PSEA in a cash transfer programme in Bekora

This fictional case follows the national NGO Tamari Aide, a partner of a UN agency, as it launches a multipurpose cash transfer programme for 4,200 displaced households in Bekora district. The agency requires a PSEA capacity assessment before the first payment. The programme employs 46 people, including 28 daily workers, and works with a mobile money operator and 64 payment agents.

Starting point: the capacity assessment

Core standard assessed	Initial situation	Status	Action and deadline
PSEA policy or code of conduct consistent with the six principles	General code of conduct with no mention of the prohibition of sexual activity with persons under 18	Partial	Revision of the code, approval by the board, 1 month
PSEA clauses in subcontractor and partner contracts	Absent from the mobile money operator's contract	Non-compliant	Contract amendment, 6 weeks
Safer recruitment	References checked for managers only	Partial	Procedure extended to daily workers (one reference checked by phone), immediate
Mandatory staff training	12 out of 46 people trained	Partial	3-hour training for everyone, in the local language, 1 month
Reporting mechanism	Suggestion box at the office, emptied by the project manager	Non-compliant	Toll-free line, female listening points, separate flow for sensitive allegations, 1 month
Investigation procedure	No written procedure	Non-compliant	Procedure adopted and agreement with the agency for investigation support, 2 months
Victim assistance	No formal link with GBV services	Partial	Inclusion in the GBV sub-cluster referral pathway, 2 weeks
Corrective measures and sanctions	Internal regulations not listing sexual exploitation as gross misconduct	Non-compliant	Revision of internal regulations, 2 months

With two standards partially met and four non-compliant at the outset, the agency rates Tamari Aide as low capacity and makes continuation of the partnership conditional on a capacity-strengthening plan, which it funds to the tune of USD 18,500 (training, toll-free line, legal support to revise documents).

Programme-specific risk analysis

- **Targeting**: neighbourhood committees propose the lists. Measure: verification by the Tamari Aide team of 100% of proposed households, then a random check of 10% by a separate team.
- **Payment**: payment agents may demand a commission or something in return. Measure: PSEA clause in the operator's contract; one-hour training for the 64 agents; an SMS with

every payment reminding recipients that assistance is free and giving the hotline number.

- **Access to phones**: 38% of female heads of household do not have a personal phone. Measure: distribution of SIM cards registered in the beneficiary's name, information on keeping the PIN confidential.

Six months later: the monitoring table

Indicator	Month 1	Month 6
Staff and daily workers trained (out of 46)	12	46
Payment agents trained (out of 64)	0	59
Beneficiaries who know that aid is free and know a reporting channel (post-distribution monitoring, n = 320)	41%	83% (women 79%, men 88%)
Complaints received, all categories	14	212 (cumulative)
Allegations of sexual exploitation received	0	3 (cumulative)
Allegations referred to the focal point within 24 hours	-	3 out of 3
Victims referred to assistance with their consent	-	2 out of 3 (the third declined; information was left with her)

Interpretation and decisions

All three allegations concern payment agents, not Tamari Aide staff, which confirms the initial analysis. The organisation notifies the partner agency within the contractual deadline, the operator suspends the agents concerned as a precautionary measure during the investigation, and the matter is raised with the in-country PSEA network, because the same operator works for three other organisations. The gap between women and men in awareness of channels leads to additional information sessions in the women and girls' safe spaces.

> The result to remember is not "three allegations" but the complete chain: risk identified, prevention measure, channel known, report received, referral within deadlines, assistance offered, action on the alleged perpetrator and inter-agency sharing.

Common mistakes, auditor expectations and contextual variations

Common mistakes

Mistake	Consequence	Correct practice
PSEA training reduced to an online module in English for all staff	Daily workers and field staff do not understand the rules	Face-to-face session in the local language, with case studies; annual refresher
PSEA focal point designated from among operational line managers, with no dedicated time or training	Conflicts of interest, blocked reports	Trained focal points of both sexes, with allocated time and direct access to senior management and headquarters
Discreet "preliminary check" by local management before referral	Contamination of evidence, pressure on the victim, breach of procedures and funding agreements	Immediate referral according to procedure; no investigative steps by staff without a mandate
Code of conduct not applicable to partners, subcontractors and daily workers	The people with the most contact with beneficiaries are not covered	Contractual clauses and training for everyone
Community messages that talk about "zero tolerance" without saying concretely what is prohibited	Communities do not know what they can report	Concrete messages: "No one has the right to ask you for money, a favour or sex in exchange for aid"
Photos of children on the organisation's social media with name and location	Possible identification and tracing	Image policy, review before publication
Positive reference given for an employee who left the organisation during an investigation	An alleged perpetrator is re-hired elsewhere	Factual reply in line with the Misconduct Disclosure Scheme and HR policy

What auditors and donors look at

- PSEA and safeguarding policies approved by the governing body, dated, available in the local language.
- Evidence of safer recruitment in a sample of personnel files: references checked, code signed, training within the first month.
- An allegations register kept confidentially, with dates of receipt, referral, notification and closure.
- Community awareness of the channels, verified through direct interviews.
- PSEA clauses in partner and service provider contracts, and evidence of follow-up.
- Participation in the in-country PSEA network and contribution to joint risk analyses.

Variations by context

- **Sudden-onset emergency**: massive, rapid recruitment of daily workers; plan a mandatory 30-minute PSEA briefing before anyone starts work, signature of the code after an oral explanation, and "aid is free" messages from the very first distribution.

- **Protracted crisis**: risk of long-standing relationships of dependency between local staff and beneficiaries; rotations, cross-supervision, annual training refresher.
- **Camps**: committees and site managers hold day-to-day power; PSEA built into committee terms of reference and into site management.
- **Urban settings and cash transfers**: risks shift towards service providers, landlords and employers; contractual clauses and direct information to beneficiaries.
- **Remote management**: reporting channels managed from outside the area, random verification calls, third-party monitoring visits, partner training as a priority.
- **Partners with limited capacity**: use the capacity assessment as a strengthening tool, fund the action plan, share templates, avoid transferring risk without transferring the means.

Interview questions and key references

Interview questions

Question	Elements of a strong answer
How do you distinguish between sexual exploitation, sexual abuse and sexual harassment?	Definitions from Bulletin ST/SGB/2003/13; exploitation rests on abuse of vulnerability or power, abuse on intrusion by force or coercion; harassment generally concerns colleagues and also falls under HR policies; the concept of PSEAH.
How would you set up a reporting mechanism in a new programme?	Community consultations on preferred channels; multiple channels including a female face-to-face channel and a child-friendly channel; independence from operational teams; separate flow for sensitive allegations; timeframes; minimum intake form; information to communities; monitoring of awareness of the channels.
A local partner has no PSEA policy. The donor wants to start in a month. What do you propose?	Capacity assessment; immediate minimum measures (signed code of conduct, focal point, reporting channel, link with services); budgeted capacity-strengthening plan; support rather than mere conditionality; joint monitoring.
What checks do you carry out before recruiting a facilitator for a child-friendly space?	References checked directly, including the most recent employer, with an explicit question on conduct; Misconduct Disclosure Scheme; interview with a safeguarding question; criminal record check if reliable; code of conduct; training before any contact with children.
Your programme has received no allegations of sexual exploitation in two years. Is that good news?	Not necessarily: check awareness of and trust in the channels, accessibility for women and children, and the independence of the mechanism; compare with other organisations; consult communities.
A colleague is in a relationship with an adult beneficiary, who says she consents. What do you do?	Recall that IASC Principle 4 strongly discourages such relationships because of the unequal power dynamic, and that some organisations prohibit them; report to the focal point in line with the organisation's policy; do not judge consent yourself; check whether any aid-related benefit is involved.

Key references

- United Nations Secretary-General, *Special measures for protection from sexual exploitation and sexual abuse*, ST/SGB/2003/13 (2003).
- IASC, *Six Core Principles Relating to Sexual Exploitation and Abuse* (2002, revised in 2019).
- IASC, *Minimum Operating Standards on Protection from Sexual Exploitation and Abuse by own Personnel* (MOS-PSEA, 2012).
- IASC, *Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms* (2016).
- United Nations, *Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners* (2018) and *UN Implementing Partner PSEA Capacity Assessment* (2020).
- United Nations, *Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse* (2019).
- OECD, *DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance* (2019).
- CHS Alliance, *PSEA Implementation Quick Reference Handbook* (2017) and *Core Humanitarian Standard* (2024).
- Keeping Children Safe, *Child Safeguarding Standards and how to implement them* (2014).
- Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action* (2019 edition).
- Steering Committee for Humanitarian Response, *Misconduct Disclosure Scheme* (2019).

Exercise: case studies

For each situation, say whether it is a violation, what you do and to whom you report it: (1) a colleague offers to help a beneficiary "in exchange for a favour"; (2) a driver takes a teenage girl home alone every day; (3) a partner publishes photos of children with the name of their camp. Then find the contact details of your organisation's PSEA focal point.

Key takeaways

- Zero tolerance: sexual exploitation and abuse are acts of gross misconduct.
- No sexual activity with anyone under 18, whatever the local law.
- No exchange of assistance, money or employment for sexual favours.
- Every suspicion must be reported through official channels; we do not investigate ourselves.
- The approach is victim-centred.

Quiz

1. Sexual activity with a 17-year-old, in a country where the age of consent is 15, is:
   A. A private matter
   B. Prohibited for humanitarian staff
   C. Allowed with parental consent
   D. Allowed
2. You suspect abuse, without evidence. You must:
   A. Confront the person
   B. Investigate yourself
   C. Wait until you have evidence
   D. Report through the official channels
3. Never being alone with a child out of sight of others falls under:
   A. Communication
   B. Logistics
   C. Child safeguarding
   D. Budget monitoring

Quiz answers : 1. B · 2. B · 3. B

Day 3 : Managing PSEA and handling sensitive cases

Objectives

- Set up and manage a complete PSEA system.
- Handle a case using the survivor-centred approach.
- Integrate protection into strategy and advocacy.

A PSEA system that works

A solid system rests on four pillars: **prevention** (code of conduct, reference checks, training, risk analysis of activities), **reporting** (multiple, safe channels accessible to children and people with disabilities), **response** (victim assistance, investigation, sanctions) and **accountability** (informing communities, reporting to donors, taking part in the country PSEA network).

The **PSEA focal point** receives reports and passes them on; they do not investigate alone. The IASC commitments and the CHS (commitment 5 on complaints) set the expectations.

The survivor-centred approach

Four principles guide case handling: **safety**, **confidentiality**, **respect** for the person's choices, **non-discrimination**. The survivor decides which services she wants; for a child, action is taken in their best interests, involving them according to their age.

Never ask for the facts to be told several times (risk of re-traumatisation), never confront the alleged perpetrator, and refer to specialised services (health within 72 hours for post-exposure prophylaxis, psychosocial support, legal aid) identified by the GBV sub-cluster.

Protection, strategy and advocacy

Protection mainstreaming (safety and dignity, meaningful access, accountability, participation and empowerment) applies to every sector. At strategic level, the organisation analyses protection risks in its programmes, budgets the measures (lighting, accompaniment, interpreters) and trains its partners.

Advocacy on violations relies on aggregated, safe data, in consultation with the Protection cluster, always weighing the risk for people and for access.

Governance of a PSEA system: roles, budget and management indicators

The four pillars covered in the module (prevention, reporting, response, accountability) only work if responsibilities are clearly assigned, funded and monitored. The IASC Minimum Operating Standards (MOS-PSEA) and donor assessments all start from the same observation:

failures rarely stem from the absence of a policy, but from the absence of oversight and management.

Who does what

Function	Responsibilities	What it does not do
Governing body (board of trustees or directors)	Approves the policy; receives an anonymised report at least annually on allegations and follow-up; appoints a safeguarding lead trustee	Does not intervene in individual cases
Country director and senior management	Responsible for implementation; ensures resources; receives allegations referred by the focal point; decides on precautionary measures; notifies donors	Does not investigate; does not filter allegations
PSEA focal point (at least one woman and one man per office)	Receives and refers reports; organises referral of victims; leads training and awareness-raising; represents the organisation in the PSEA network	Does not investigate; does not determine the credibility of the facts
Headquarters safeguarding lead or investigation unit	Assesses admissibility; mandates and oversees investigations; keeps the central register; ensures quality control	Does not take the final disciplinary decision
Human resources	Safer recruitment; code of conduct; disciplinary procedures; responses to reference requests (Misconduct Disclosure Scheme)	Does not investigate the facts
Programme managers	SEA risk analysis of activities; budgeted prevention measures; information to communities; clauses in partnership agreements	Do not receive the details of allegations

Budgeting for PSEA

Budget lines to plan for a medium-sized country office (150 to 300 staff, several bases): dedicated time for focal points (often 10 to 20% of their time, more for a full-time PSEA coordinator in large programmes); annual training and briefings for daily workers; toll-free line and communication materials in local languages; a victim assistance fund to cover transport, temporary accommodation or costs not covered by services; investigation costs (travel, external investigators, interpreters); support to partners. A dedicated budget line is now accepted by most donors, who prefer to see it explicitly rather than diluted in running costs.

Management indicators

Indicator	Frequency	Indicative target
% of staff, daily workers and partner staff trained within the first month	Quarterly	100%
% of recruitment files with two verified references	Six-monthly (sample)	100%
% of beneficiaries who know at least one reporting channel and that aid is free	Each post-distribution monitoring round	80% or more, by sex, age and disability
Median time between receipt and referral of an allegation	Quarterly	24 hours or less
% of victims offered assistance within 24 hours	Quarterly	100%
Median time to close an investigation	Six-monthly	According to policy, often 60 to 90 days
% of partnership agreements with a PSEA clause and a capacity assessment	Annual	100%

> Management relies on aggregated, anonymised data. No coordination meeting, not even a senior management meeting, is the place to discuss a named case.

Handling an allegation from start to finish: receipt, investigation, decision, closure

Managing an allegation follows two parallel tracks that must never be confused: the **assistance** track for the victim, guided by her needs and choices, and the **administrative and disciplinary** track, which establishes the facts and decides on measures against the alleged perpetrator. The CHS Alliance investigation guidelines and the IASC guide on complaint mechanisms describe the following steps.

The steps and their timeframes

Step	Content	Indicative timeframe
1. Receipt	Minimum intake form; no questions about details; immediate referral to assistance if the victim wishes	Day 0
2. Referral	From the focal point to the designated person (country director and safeguarding lead) via a secure channel	Within 24 hours
3. Admissibility assessment	Does the allegation concern a person covered by the code (staff, partner, service provider) and does it describe prohibited conduct? If not, referral to the competent entity, informing the victim	Within 48 to 72 hours
4. Risk assessment and precautionary measures	Risk to the victim, witnesses and other beneficiaries; suspension, reassignment away from contact, or administrative leave for the alleged perpetrator, without prejudging the outcome	As soon as possible, within 72 hours
5. Notifications	Donor(s), partner UN agency, insurer where applicable; anonymised information on the victim	According to the agreements
6. Investigation mandate	Written terms of reference: specific allegations, scope, investigators, timeframe, data protection	Within one week
7. Investigation	Collection of documentary evidence; interviews in this order: complainant or victim (if she consents), witnesses, alleged perpetrator last	Often 30 to 60 days
8. Report	Facts substantiated or unsubstantiated, against the standard of proof set in the policy (often the balance of probabilities); no recommendation on sanctions under some policies	Within two weeks of the end of interviews
9. Decision	Taken by an authority separate from the investigators; disciplinary procedure in line with local labour law; rights of defence respected	According to labour law
10. Closure and feedback	Victim informed of the outcome to the extent permitted; final notification to the donor; record kept for the Misconduct Disclosure Scheme; anonymised lessons learned	No later than 90 days on average

Quality requirements for an investigation

- **Competence**: investigators trained in interviewing survivors and in the rules of evidence; for a child, an interview by a specially trained person, or reliance solely on other evidence.
- **Independence**: no reporting line or personal link with the alleged perpetrator or the victim; use of an external investigator or the headquarters investigation unit if the alleged perpetrator is a senior manager.
- **Working in pairs**: two investigators, including at least one woman when the victim is a woman; a trained interpreter bound by a confidentiality undertaking.

- **Consent**: the victim chooses whether or not to take part; the investigation can proceed without her on the basis of other evidence.
- **Fairness**: the alleged perpetrator is informed of the allegations, heard, and may present evidence; presumption of innocence.
- **Data security**: encrypted files, named access, retention in line with the policy, never on personal devices.

Relationship with criminal justice

The internal investigation is administrative: it does not replace criminal proceedings. Referral to the judicial authorities depends on local law, the wishes of the adult victim, the best interests of the child and the risk assessment (reliability of the justice system, risk of reprisals, possibility of forced marriage imposed on the victim, criminalisation of certain relationships). The decision is documented and taken with legal advice.

> A badly conducted investigation is worse than no investigation: it exposes the victim, alerts the alleged perpetrator, destroys evidence and makes a lawful sanction impossible. Staff without a mandate ask no investigative questions.

Supporting the survivor: assistance, safety plan, children's consent

The United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (2019) sets a simple rule: assistance is provided **unconditionally**, whatever the outcome of the investigation and whether or not the victim takes part in the process. Children born as a result of sexual exploitation and abuse are also covered. Within the UN system, the Victims' Rights Advocate and PSEA coordination bodies oversee the application of this principle.

The assistance package

Area	Content	Timeframe benchmark
Health	Clinical management of rape: HIV post-exposure prophylaxis, emergency contraception, STI treatment, hepatitis B vaccination, wound care, medical certificate if the victim wishes	PEP within 72 hours; emergency contraception up to 120 hours
Psychosocial support	GBV case management, individual or group support, referral to specialised mental health care if needed	First contact within 24 to 72 hours
Safety	Individual safety plan, safe temporary accommodation, relocation in serious cases	Immediate if there is a threat
Legal	Information on rights and procedures, support if the victim wishes to file a complaint, assistance with paternity recognition and child support	On request
Material needs	Transport to services, cash assistance, uninterrupted access to humanitarian aid	From the time of referral
Child born as a result of SEA	Birth registration, health care, support to the mother, paternity and financial support claims	Depending on the situation

Building a safety plan

Developed by a trained case worker together with the survivor, it answers practical questions: does the alleged perpetrator know where she lives or where she receives aid? Who around her is informed and protective? Which routes should she avoid? How can she receive aid without running into the alleged perpetrator (change of distribution point, home delivery)? What number should she call if threatened? The plan is reviewed after each stage of the process, particularly when the alleged perpetrator is informed of the allegations, a moment of increased risk of reprisals.

Children's consent and assent

The IRC and UNICEF guidance on caring for child survivors proposes an age-based framework, to be adapted to national law and to each child's maturity:

Age	Who consents	Practice
0 to 5 years	Non-offending parent or caregiver, or another trusted adult or the case worker if that is not possible	Explain to the child what will happen in simple words
6 to 11 years	Written consent of the parent or caregiver and informed assent of the child	Actively seek the child's views
12 to 14 years	Assent of the child and consent of the parent or caregiver; if the parent is not protective, another trusted adult	The weight given to the child's views increases with maturity
15 to 17 years	The adolescent may give consent themselves if judged sufficiently mature, in line with applicable law; a parent is involved with the adolescent's agreement if this serves their best interests	Seek parental consent only if the adolescent agrees and it is safe to do so

In all cases, the final decision is based on the best interests of the child; when the parent is the alleged perpetrator or is not protective, the case worker or the child protection authority takes over, in line with the Inter-Agency Guidelines for Case Management and Child Protection (2014).

What the survivor needs to know

- That she does not have to tell her story to several people and that she may refuse an investigation interview.
- That her humanitarian assistance will be neither suspended nor reduced.
- Who her single point of contact is and how to reach that person.
- What the organisation can and cannot tell her about the outcome of the investigation.

> One point of contact, one account, unconditional assistance: these are the three concrete guarantees of the survivor-centred approach. Any procedure that requires the victim to repeat the facts to several people must be reviewed.

Full example: handling an allegation against a driver in Moranga

This fictional case extends the module's case study. The international NGO Lumen Aid runs a health and nutrition programme in the fictional province of Moranga (210 employees, 3 bases). One donor requires notification within 48 hours; a UN agency co-funds the programme. A 15-year-old girl, a beneficiary of a nutrition centre, is reported to have been sexually abused by a driver employed for eight years.

Timeline of the response

Time	Event	Decision and person responsible	Rationale
D0, 3 pm	The girl's aunt confides in a nurse at the centre	The nurse listens, asks no questions about the facts, provides information on available services and refers the matter to the base PSEA focal point, with the aunt's agreement to be contacted again	Mandatory reporting of any allegation concerning a staff member; minimum information
D0, 5 pm	The focal point contacts the child protection case management partner	Appointment the next morning with a trained case worker; check that the most recent incidents occurred more than five days ago	Outside the window for PEP and emergency contraception, but medical examination and STI treatment offered
D0, 7 pm	Encrypted referral to the country director and the headquarters safeguarding lead	Case file opened in the central register	24-hour deadline met
D1, 9 am	The base manager offers to "check discreetly" with the driver's colleagues	The country director refuses and recalls the procedure	Risk of destroying evidence, putting pressure on the family and breaching the donor agreement
D1, 11 am	Risk assessment	The driver is placed on paid administrative leave, with a neutral reason, and his badge and keys are taken back	Precautionary measure, without prejudging the outcome; he drove teams to the girl's neighbourhood
D1, 2 pm	The case worker meets the girl and her aunt	Assent of the girl, consent of the aunt (the mother has died, the father is absent); medical examination, psychosocial support, safety plan; assistance at the centre maintained with a new route	Best interests of the child; a single account, taken by the case worker
D1, 6 pm	Notifications	Donor and UN agency notified: nature of the allegation, function of the alleged perpetrator, measures taken; no data identifying the victim	48-hour deadline met
D4	Investigation terms of reference	Investigation assigned to two headquarters investigators, one of them a woman, with an external female interpreter; no interview of the girl planned unless she requests it, given the evidence available from other sources	Avoid retraumatisation; independence from the base
D10 to	Investigation	Analysis of vehicle logbooks and GPS tracking, and of mission records;	The logbooks show 11 unauthorised trips to the

Time	Event	Decision and person responsible	Rationale
D35		interviews with 7 witnesses; interview of the driver last, with full disclosure of the allegations	girl's neighbourhood
D42	Report	Allegation substantiated on the balance of probabilities	Standard of proof set by the policy
D50	Decision	Dismissal for gross misconduct by a disciplinary committee separate from the investigators, in line with local labour law	IASC Six Core Principles, Principle 1 and Principle 2
D52	Legal follow-up	With the aunt, the girl and a legal adviser, consideration of whether to file a criminal complaint; the family decides to file, supported by a legal clinic	Informed decision, risks of reprisals assessed, safety plan updated
D55	Administrative closure	Final notification to the donor and the agency; entry in the register for the Misconduct Disclosure Scheme; feedback to the aunt on the outcome within permitted limits	Prevent re-hiring elsewhere; accountability to the family
D90	Lessons learned	Anonymised review: monthly check of logbooks, two-adult rule in vehicles transporting children, refresher training for all drivers and guards	Fix the control gap that allowed the unauthorised trips

Direct costs of the response

Item	Amount (USD)
Mission of the two investigators (travel, accommodation, 12 days)	9,400
External interpreter	1,300
Assistance fund (transport, uncovered medical costs, support to the family for three months)	1,150
Local legal adviser	2,000
Total	13,850

These costs were covered by the PSEA line in the country budget, which avoided any debate in the middle of the emergency.

> Key takeaways from this case: refusing the "discreet check", the immediate precautionary measure, a single account taken by a professional, objective evidence (logbooks) that

made it unnecessary to interview the child, a decision separate from the investigation, and a systemic fix at the end.

The inter-agency PSEA network, protection strategy and advocacy

No organisation can address PSEA alone: communities do not always distinguish between organisations, alleged perpetrators move from one to another, and service providers are shared. Since the IASC adopted its Plan for Accelerating PSEA in Humanitarian Response in 2018, every Humanitarian Country Team must have a collective system in place.

Typical in-country architecture

- The **Humanitarian Coordinator** is responsible for the collective PSEA strategy and is accountable to the Humanitarian Country Team.
- A full-time **PSEA coordinator**, often based in the office of the Resident or Humanitarian Coordinator, leads the network.
- The **PSEA network** brings together focal points from UN agencies and international and national NGOs; it adopts an annual action plan, inter-agency standard operating procedures for referring allegations, and common messages.
- **Inter-agency community-based complaint mechanisms** allow a person to report an allegation against any organisation through a common channel; the allegation is referred to the organisation concerned according to agreed rules.
- Links with the **GBV sub-cluster** and the **Child Protection** Area of Responsibility guarantee assistance to victims.

What an organisation contributes to the network

Contribution	Practice
Data	Number of allegations received, by type and by category of perpetrator, with no identifying details, in the agreed format
Risk analysis	Participation in the inter-agency SEA risk overview: areas, activities and service providers at risk
Referral	Compliance with inter-agency procedures when an allegation received concerns another organisation: referral within 24 hours to that organisation's focal point, with the victim's consent for data concerning her
Communication	Use of common messages tested with communities
Training	Pooling of training for national partners

Integrating PSEA and protection into the organisation's strategy

- PSEA and safeguarding included in the country strategic plan, with objectives, a budget and a lead on the senior management team.

- SEA risks taken into account when choosing modalities (in-kind, cash, through service providers) and partners.
- Consistency with the Humanitarian Country Team protection strategy and with the priorities of the centrality of protection.
- Annual review by senior management: allegations, timeframes, investigations, corrective measures, awareness of channels, improvement plan.

Advocacy: rules of caution

Advocacy on sexual exploitation and abuse aims at systemic change: funding for GBV services, presence of female staff, working conditions of daily workers, rules applicable to security forces and to the authorities that manage sites. It relies on aggregated data and trends, never on recognisable individual cases. Before speaking out, three risks are assessed: to survivors and witnesses, to humanitarian access, and to staff. Public advocacy is generally carried collectively, by the PSEA network, the Protection Cluster or the Humanitarian Coordinator, rather than by a single organisation.

> An organisation that refuses to share aggregated data with the network out of concern for its reputation weakens the collective system and takes a greater risk: being found out later, through an audit or by the press.

Mistakes, the auditor's perspective, contextual variations and interview questions

Common mistakes in handling sensitive cases

Mistake	Consequence	Correct practice
Leaving the alleged perpetrator in a post in contact with the community during the investigation	Risk of reprisals, new victims, pressure on witnesses	Immediate, neutral and documented precautionary measure
Accepting a resignation during the investigation and closing the file	The alleged perpetrator is re-hired elsewhere without anyone being informed	Continue the investigation where possible and record the outcome for reference checks
Having the victim interviewed by several people (focal point, director, investigators, donor)	Retraumatisation, loss of trust, withdrawal of the victim	A single point of contact; alternative evidence sought as a priority
Making aid conditional on cooperation with the investigation	Breach of the UN Victim Assistance Protocol; a new form of pressure	Unconditional assistance, separate from the procedure
Assigning the investigation to a colleague from the same department	Bias, an investigation open to legal challenge	Independent, trained investigators
Informing the community or the media of the identity of the parties	Stigmatisation, danger for the victim, defamation	Factual, anonymised communication, coordinated with the PSEA network
Notifying the donor after the investigation has ended	Breach of contract, loss of trust, possible suspension of funding	Notification within the contractual deadline, followed by updates

What auditors and evaluators look at

- The allegations register: dates of receipt, referral, notification and closure; consistency with the timeframes in the policy and agreements.
- Investigation terms of reference and reports (on a sample basis, respecting confidentiality): independence, competence, fairness, standard of proof.
- Evidence of assistance offered to victims, regardless of the outcome.
- Systemic measures taken after each case: closing control gaps, training, changes to procedures.
- Active participation in the in-country PSEA network and sharing of aggregated data.
- The annual report to the governing body.

Variations by context

- **Sudden-onset emergency**: influx of staff and daily workers, PSEA network sometimes non-existent; from the very first days, activate a focal point per base, a simple reporting channel and a minimum agreement with the GBV actors present; plan for reinforcement from the headquarters investigation unit.

- **Protracted crisis**: older cases that emerge late; procedures allowing historical allegations to be handled and victims whose children were born as a result of SEA to be assisted.
- **Remote management**: investigations difficult to conduct on site; use of trained, independent national investigators, remote interviews only if safety and confidentiality are guaranteed.
- **Insecurity**: the alleged perpetrator may be linked to an armed group or an authority; the safety of the victim and staff comes first; the case is often handled at headquarters and network level.
- **Allegation against a local partner**: the partner investigates under its own policy with support from the organisation or the funding agency; if its capacity is insufficient or there is a conflict of interest, the investigation is entrusted to a third party, as provided for in the 2018 UN Protocol.
- **Allegation against a senior manager or an expatriate**: the investigation must be entrusted to headquarters or an external provider; direct reporting to the governing body is possible.

Interview questions

Question	Elements of a strong answer
You are the PSEA focal point. An allegation concerns the base manager. What do you do?	Bypass the line management concerned: direct referral to the country director or headquarters according to procedure; assistance to the victim; precautionary measures decided at a higher level; external investigation; donor notification; strict confidentiality.
What are the steps of a PSEA investigation and who is involved at each one?	Receipt and referral (focal point); admissibility and mandate (safeguarding lead); precautionary measures and notifications (senior management); investigation (independent investigators, order of interviews); report; decision by a separate authority; closure, feedback to the victim, Misconduct Disclosure Scheme, lessons learned.
A victim refuses to take part in the investigation. Can the organisation continue?	Yes, if other evidence exists and if this does not put her in danger; her choice is respected; assistance continues; she is informed of the steps that concern her.
How would you know that a PSEA system really works?	Disaggregated community awareness of the channels; reports received, including sensitive ones; referral and assistance timeframes; quality and duration of investigations; systemic measures; participation in the network; training of staff and partners.
How do you reconcile transparency towards the donor with confidentiality towards the victim?	Notification of the essential facts without identifying data; need-to-know principle; prior agreements with donors on the format; informing the victim of what is shared.

Key references

- IASC, *Minimum Operating Standards on PSEA* (2012) and *Plan for Accelerating PSEA in Humanitarian Response* (2018).

- United Nations, *Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse* (2019) and *Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners* (2018).
- CHS Alliance, *Guidelines for Investigations* and *PSEA Implementation Quick Reference Handbook* (2017).
- IASC, *Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms* (2016).
- WHO, UNHCR and UNFPA, *Clinical Management of Rape and Intimate Partner Violence Survivors* (2020).
- IRC and UNICEF, *Caring for Child Survivors of Sexual Abuse* (2012); Child Protection Case Management Task Force, *Inter-Agency Guidelines for Case Management and Child Protection* (2014).
- GBV AoR, *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019).
- Steering Committee for Humanitarian Response, *Misconduct Disclosure Scheme* (2019).
- IASC, *Policy on Protection in Humanitarian Action* (2016).

Exercise: the service map and the path of a report

For an area of your choice, draw the path of a report of sexual exploitation: who receives it, how quickly it is passed on, who investigates, which services (health, psychosocial, legal) are offered to the survivor, and how the community is informed about reporting channels.

Key takeaways

- Four pillars: prevention, reporting, response, accountability.
- The focal point receives and passes on; they do not investigate alone.
- Survivor: safety, confidentiality, respect for her choices, non-discrimination.
- Under 18: any sexual activity is prohibited, regardless of consent.

Quiz

1. Within what time should a rape survivor be referred to care for post-exposure prophylaxis?
   A. One month.
   B. 72 hours.
   C. One week.
   D. No time limit.

2. The PSEA focal point:
   A. Receives reports and passes them on according to the procedure.
   B. Investigates all allegations alone.
   C. Informs the media.
   D. Decides on sanctions.
3. Which CHS commitment concerns complaints?
   A. Commitment 1.
   B. Commitment 5.
   C. Commitment 3.
   D. Commitment 9.

Quiz answers : 1. A · 2. B · 3. C